

PATENT

DECLARATION

INVENTORSHIP IDENTIFICATION

As a below named inventor, I hereby declare that my residence, mailing address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

MINIATURIZED MULTICHANNEL TRANSMITTER AND WIRELESS TELEMETRY SYSTEM

TITLE OF INVENTION

SPECIFICATION IDENTIFICATION

the specification of which:

(a) is attached hereto.

(b) was filed on September 5, 2003, as Serial No. 10/656,651
 and was amended on ____ (*if applicable*).

(c) was described and claimed in PCT International Application No. _____ filed on _____
 and was amended on _____. (*if applicable*).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d) (Prior Foreign/Pct Application(S) Filed Within 12 Months (6 Months For Design) Prior To This Application)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate(s) or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) or any PCT international application(s) having a filing date before that of the application(s) of which priority is claimed.

Application Number	Country or PCT	Date Of Filing (Day, Month, Year)	Priority not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) UNDER 35 U.S.C. § 119(e)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date
60/408,437	September 5, 2002

CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. 120

(All Foreign Application(S), *If Any*, Filed More Than 12 Months
(6 Months For Design) Prior To This U.S. Application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or 365(c) PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

U.S Parent Application No.	PCT Parent Application No.	Date Of Filing (Day, Month, Year)	Parent Patent No. (<i>If applicable</i>)

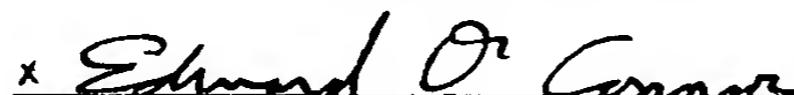
DECLARATION

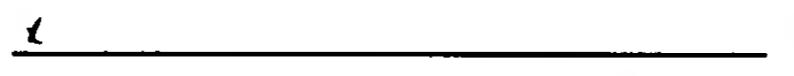
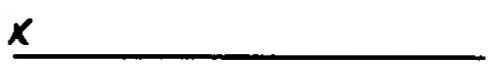
I hereby declare that my presentation of this paper constitutes a certification under 37 C.F.R § 10.18, which provides, in part, that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application and any patent issuing therefrom.

SIGNATURE(S)

Inventor(s)

<u>Chung-Chiun</u> (GIVEN NAME)	<u>(MIDDLE INITIAL OR NAME)</u>	<u>Liu</u> FAMILY (OR LAST NAME)
Inventor's signature <u></u>		
Date <u>Feb. 19, 2004</u>	Country of Citizenship	<u>U.S.A.</u>
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<u>Edward</u> (GIVEN NAME)	<u>(MIDDLE INITIAL OR NAME)</u>	<u>O'Connor</u> FAMILY (OR LAST NAME)
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Date <u>Feb 20, 2004</u>	Country of Citizenship	<u>USA</u>
Residence <u>Garfield Heights, Ohio 44125</u>		
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<u>Kingman</u> (GIVEN NAME)	<u>P.</u> (MIDDLE INITIAL OR NAME)	<u>Strohl</u> FAMILY (OR LAST NAME)
Inventor's signature <u></u>		
Date <u></u>	Country of Citizenship	<u></u>
Residence <u>Shaker Heights, Ohio 44122</u>		
Mailing Address: <u>2995 Kingsley Road, Shaker Heights, Ohio 44122</u>		

- Signature by administrator(trix), or legal representative for deceased or incapacitated inventor. Number of pages added _____.
- Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____.
- Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47) Number of pages added _____.
- Authorization of attorney(s) to accept and follow instructions from representative.
- This declaration ends with this page.

SIGNATURE(S)

Inventor(s)

<u>Chung-Chiun</u> (GIVEN NAME)	<u></u> (MIDDLE INITIAL OR NAME)	<u>Liu</u> FAMILY (OR LAST NAME)
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Inventor's signature x

Date x Country of Citizenship

Residence Cleveland Heights, Ohio 44118

Mailing Address: 2917 E. Overlook Road, Cleveland Heights, Ohio 44118

<u>Edward</u> (GIVEN NAME)	<u></u> (MIDDLE INITIAL OR NAME)	<u>O'Connor</u> FAMILY (OR LAST NAME)
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Inventor's signature x

Date x Country of Citizenship

Residence Garfield Heights, Ohio 44125

Mailing Address: 4684 E. 104 Street, Garfield Heights, Ohio 44125

<u>Kingman</u> (GIVEN NAME)	<u>P.</u> (MIDDLE INITIAL OR NAME)	<u>Strohl</u> FAMILY (OR LAST NAME)
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Inventor's signature x Kingman P. Strohl

Date 2/20/04 Country of Citizenship x US

Residence Shaker Heights, Ohio 44122

Mailing Address: 2995 Kingsley Road, Shaker Heights, Ohio 44122

- Signature by administrator(trix), or legal representative for deceased or incapacitated inventor. Number of pages added _____.
- Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____.
- Added page for **signature** by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47) Number of pages added _____.
- Authorization of attorney(s) to accept and follow instructions from representative.
- This declaration ends with this page.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Liu et al.
 Application No.: 10/656,651
 Filed: September 5, 2003

FEB 24 2004

For: MINIATURIZED MULTICHANNEL TRANSMITTER AND WIRELESS TELEMETRY SYSTEM

Mail Stop: Missing Parts
 Commissioner for Patents
 P.O. Box: 1450
 Alexandria, VA 22313-1450

**STATEMENT BY PRACTITIONER THAT APPLICATION FILED IN PTO
 IS THE ONE INVENTOR EXECUTED BY SIGNING DECLARATION**

NOTE: This form is to be used when the declaration only indicates the name(s) of the inventor(s) and the title of the invention. Notice of September 12, 1983, 1035 O.G. 3.

I,

Robert A. Muha

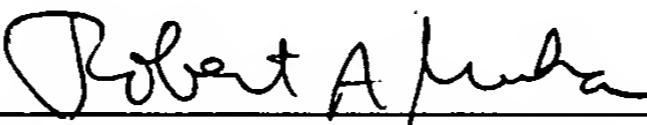
Name of Practitioner

Kirkpatrick & Lockhart LLP

P.O. Address

Henry W. Oliver Building, 535 Smithfield Street, Pittsburgh, Pennsylvania 15222-2312Reg. No. 44,249Tel. No. (412) 355-8244

I state I am the registered practitioner for this application and the application identified above is the application that the inventor(s) executed by signing the declaration that is being submitted herewith.


 SIGNATURE OF PRACTITIONER

Customer No.: 26285

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

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**Box: Missing Part, Commissioner for Patents,
 P.O. Box: 1450, Alexandria, VA 22313-1450.**

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Date: _____

Signature _____

(type or print name of person certifying)